



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 245

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Solis EMC Children's Services
Registered Capacity:	6 young people
Type of Inspection:	Announced
Date of inspection:	18th, 19th and 20th November 2024
Registration Status:	Registered from the 7th May 2024 to the 7th May 2025
Inspection Team:	Anne McEvoy Linda McGuinness
Date Report Issued:	30th January 2025

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 1: Child-centred Care and Support, (Standard 1.3 only)	
3.2 Theme 3: Safe Care and Support, (Standard 3.3 only)	
3.3 Theme 4: Health, Wellbeing and Development, (Standard 4.2 only)	
4. Corrective and Preventative Actions	15

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined. During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 7th May 2024. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 7th May 2024 to the 7th May 2025.

The centre was registered to provide accommodation for six young people aged 16 and 17 years who present in the country as separated children seeking international protection. Referrals were received through the Separated Children Seeking International Protection (SCSIP) department within Tusla who determine the suitability of referrals to the service.

The function of the service was to provide a high-quality standard of care that was responsive to the individual needs of young people, within a child-centered, supportive, and safe environment. The care provided was to encompass supporting the young people to develop the necessary independent living skills to prepare them for their living situation post 18 years. The statement of purpose set out the objectives of meeting the physical, social, moral, educational, emotional, and cognitive needs of each young person residing within the centre, underpinned by Laursen's Seven Habits of Reclaiming Relationships.

There were five young people living in the centre at the time of the inspection.

1.2 Methodology

The inspectors examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.3
3: Safe Care and Support	3.3
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult

with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 02nd January 2025. There were no actions requiring attention, and the centre manager confirmed in writing there were no inaccuracies in the report on the 23rd January 2025.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 245 without attached conditions from the 07th May 2024 to the 07th May 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.3 Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

Inspectors met with the five young people residing in the centre. They engaged well in interview and were confident to speak to inspectors about their experience of living there. Four of the young people filled in a questionnaire about their care experience. Each young person either in their questionnaire or in their interview spoke of being involved in decisions about their day-to-day care and identified care staff they could speak to about any issues they were facing.

The young people each attended and were actively engaged in the young person's house meetings that took place within the centre. This enabled the young people to discuss menu planning and plan activities. The care staff encouraged the young people to take ownership of the house meetings, and each was afforded the opportunity to chair the meeting if they chose. The young people spoke of celebrating cultural diversity through an appreciation of each other's food and culture and this was experienced by inspectors during their time in the centre.

Each young person in the centre had an appointed key worker and in interview the young people identified that they had a good relationship with their identified key worker. They were confident that should they wish to change key worker, they would be listened to. Inspectors reviewed a sample of placement plans. These demonstrated the areas of work being undertaken with the young people, but inspectors recommend that the young person's input be more robustly evidenced in the placement plan.

In reviewing centre records, inspectors noted that there were expressions of dissatisfaction by young people around the availability of transport and a lack of staff to fully engage in their planned activities and daily living. The addition of a second dedicated centre car in September 2024 was beneficial, however the availability of

staff given the number of young people and the location of the centre remained a substantial difficulty.

Inspectors reviewed the staffing arrangements and found that the centre was operating at a reduced staffing level with a staff complement of one manager, one deputy manager, five support workers and five social care workers. The centre had a staffing deficit of one staff member since it opened and consequently, they were unable to have three care staff working daily. The impact of this on young people was discussed in interview with care staff where they noted that with the busyness of five young people, and previously six, in the house, it was difficult to identify times for individual work to be completed with the young people. Centre and senior management highlighted that recruitment was an ongoing issue, however they acknowledged that there was a staffing deficit since the centre opened. Inspectors found that this deficit impacted on the ability of the centre to meet the care needs of the young people. Subsequent to this inspection, communication was issued to senior management requesting that Alternative Care Inspection and Monitoring Service (ACIMS) be notified when they achieved a full staffing complement. This communication was received on the 14th January 2025.

At the time of admission, each young person participated in an admissions meeting where they were provided with information on their rights, how to make a complaint and advocacy services available to them. This was provided in the young person's native language and translation services were provided when required or requested. Some of the young people had availed of the centre's complaints process and those who did, indicated their satisfaction with the resolution of those issues.

A review of records evidenced that each young person was offered an opportunity to read their daily logs. There was an initial interest by young people to read them but after reading the logs on the first time, they each declined the opportunity subsequently. Inspectors found that care staff continued to offer young people their records to review on a regular basis.

Inspectors found that centre management and staff were proactive in seeking out relevant advocacy services for the young people in the local community. Several services were invited to the centre to speak to the young people. These included an advocacy service whose speaker had experience of being a refugee in Ireland, along with a service who spoke to the young people on personal development, employability and social action. The national service Empowering People in Care (EPIC) visited the centre on occasion to highlight to the young people the service they offered.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 1.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Overall, inspectors found that the centre management promoted an open culture where staff and young people were encouraged to raise concerns, report incidents and identify areas for improvement. The young people met with the inspectors and stated that they were listened to and felt comfortable raising any concerns they had. However, from a review of daily logs and centre records, inspectors noted dissatisfactions young people raised that were not identified as potential areas for improvement. Inspectors recommend that the centre management undertake a review of records to highlight where dissatisfactions have not been recognised and treated as such.

There was a mechanism in place for significant people in the lives of the young people to provide feedback. Centre management provided the opportunity for the allocated social worker to provide written feedback however, this was not always availed of. Inspectors were advised of ongoing discussions on how to improve this process.

In interview with the allocated social worker for all the young people, they informed inspectors that they were very satisfied with the level of care provided to the young people and were aware of the written feedback form, opting instead to give verbal feedback while in communication with staff. The allocated social worker had not identified any areas for improvement in their work with the centre.

The centre had established policies and procedures in place for the notification, management and review of incidents. These were found to be in line with regulations and national policy. Inspectors found that there was a low level of significant events in the centre. This was evidenced in centre records. Where significant events did occur, inspectors found that they were recorded as appropriate on the individual young people's care records. They were notified in line with the centre policy to the relevant professionals and inspectors found that there was good detail recorded on the significant event notifications (SEN's).

In interview, care staff were unfamiliar with the process of the significant event review group (SERG). Inspectors were advised from centre management that they were in the process of ensuring that all care staff had the opportunity to attend a SERG and it is recommended that this action continue.

An audit was conducted by the quality assurance officer who was external to the centre in July 2024. This audit was conducted on aspects of themes one through to five of the National Standards for Children's Residential Centres HIQA (2018), including the SEN register and individual care records for young people. Inspectors found that this audit identified areas for improvement such as the introduction of an exploratory review following an SEN to identify when the threshold for submitting a child protection and welfare report was reached.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None identified.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Inspectors found that the centre was proactive in implementing systems to meet the health and development needs of the young people resident in the centre. This was corroborated by the young people in interview with the inspectors. Centre management had established links within the community to ensure that young people had access to dental and general practitioner (GP) services on arrival in the centre. A translator service was made available to young people for professional services where this was required.

Each young person had a dedicated medical folder, and this was made available to inspectors for review. A review of these folders evidenced that they were facilitated to attend medical, ophthalmic, dental and specialist services as appropriate. They were each registered with a GP in the local area. There was evidence that the centre management sought the past medical records for each young person on admission but given the nature of their arrival in the country these records were not always available. To address this issue, the centre management ensured that each young person was provided with a medical examination on admission. Inspectors found that the care staff had applied for medical cards for all young people where they did not have them on arrival to the centre and at the time of inspection, all young people had valid and in date medical cards on file.

Inspectors found that additional work was required around sexual health. A review of the Life Skills Assessment for three of the young people indicated that they had little knowledge or understanding regarding the promotion of sexual health, preventing pregnancy and understanding Irish legislation regarding the age of consent and associated laws. In conversation with care staff, some noted a concern of causing offence to some of the young people given their religious beliefs. Inspectors recommend that care staff undertake additional training on cultural diversity to address their concerns. In addition, inspectors recommend that centre management

undertake a review of how factual information can be presented to the young people advising them of Irish legislation and promoting sexual health for all young people, taking into consideration religious and cultural perspectives.

The centre had a medications management policy in place and each member of the care staff team had received training in the safe administration of medication. The centre had two large medication storage boxes to facilitate the storage of prescribed and over the counter medication for each young person on their own dedicated shelf. Medical autonomy forms were completed and signed off by the allocated social worker for three of the young people and inspectors recommend that these forms are risk assessed and completed for the other two young people in the centre given their ages and level of independence.

Inspectors reviewed the medication errors log and found that there were two medication errors since the centre opened. These were both addressed in team meetings and in individual supervision with the care staff involved. Inspectors found that learning from these errors was implemented, and this was evidenced during the inspection when inspectors observed the handover from outgoing staff to incoming staff where all changes regarding medication were discussed.

An audit undertaken by the quality assurance officer in July 2024 evidenced appropriate oversight of the medication folders and inspectors found evidence supporting the implementation of corrective actions following deficits identified during this audit.

Compliance with Regulation	
Regulation met	Regulation 10
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.2
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- None required.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	None identified.		
3	None identified.		
4	None identified.		